



## ***South Central MIRECC Communiqué***

A publication of the Mental Illness Research, Education, and Clinical Center

October 2, 2006

Vol 8, No. 10

Published monthly by the South Central (VISN 16) MIRECC Education Core

---

### ***“Closing the efficacy-effectiveness gap”***

*Editor’s note: Vocational rehabilitation for veterans with psychosis has been in the VA for many years, although in the past the emphasis was on transitional work activities. The role of employment in pursuit of individual autonomy and meaningfulness has become more significant as the VA has shifted toward a recovery model of care. As a result, vocational rehabilitation has begun to focus on direct job placement through Supported Employment. Below is a description of Supported Employment.*

### **Vocational Rehabilitation within the Psychosocial Rehabilitation Model**

Michael A. Nichols, M.S.

Michael E. DeBakey VA Medical Center, Houston, Texas

Vocational rehabilitation services within the psychosocial rehabilitation recovery model concentrate on assisting persons with severe psychiatric disabilities in meeting their vocational and educational goals. This emphasis is relatively new to the Veterans Health Administration (VA), but has been well established in the community since Deborah Becker, M.Ed., introduced evidenced based Supported Employment (SE) in the late 1980s in Lebanon, NH. (Informal, non-empirical SE has been around since about 1974). This development within the VA has introduced a paradigm shift in vocational services for veterans with psychosis, moving from the traditional sheltered workshop and transitional work experience to a more direct job placement orientation.

This move was stimulated by the President’s New Freedom Commission on Mental Health and the subsequent introduction of Public Law 108-170, Section 104, which deals with the enhancement of rehabilitative services for persons with psychiatric disabilities. The law specifically addresses services that focus on job training, employment support services, and job development and placement. In meeting this demand, the VA is determined to implement the evidenced-based practice of Supported Employment at all of its facilities to provide work restoration services.

Traditional VA vocational services for veterans with psychiatric disabilities have been directed toward diversionary activities and “train and place” transitional work experiences such as Compensated Work Therapy and Incentive Therapy. Such services are typically done via screening criteria and are time-limited when rendered. The psychosocial rehabilitation practice of Supported Employment is the antithesis to traditional VA vocational services. It espouses a “place and train” model and services are provided for as long as they are needed. It also comprises a zero exclusion philosophy, and veterans are accepted into the program as soon as they express an interest in working.

Supported Employment services assist veterans with psychiatric disabilities by helping them secure employment of their choosing in the community. In the private sector, this is achieved through vocational rehabilitation counselors, job developers, and job coaches. Counselors provide informed consent about working and assist with vocational direction issues as needed. Job Developers secure placements for persons at businesses in the community, and Job Coaches assist persons with maintaining employment once

hired. Currently, the VA is achieving this goal via Employment Specialists that provide both job development and job coaching services. To a lesser degree, the Employment Specialists also serve as vocational counselors and provide some clinical services.

Supported Employment is competitive employment in the community that the person wants to do. Supported Employment pays at least minimum wage and includes other employees in the workplace who are not disabled. Services are ongoing and utilized so long as needed. The evidence for this model has been demonstrated: Supported Employment boasts a 58% employment rate versus 21% for traditional vocational services, such as pre-vocational programs, sheltered workshops, and transitional work experiences (Bond et. al., 2001). Work is not associated with greater incidences of hospitalization. In fact, studies have shown work increases an individual's sense of self-worth, better management of psychotic symptoms, and greater satisfaction with finances and leisure time. Conversely, unemployment with patients with psychiatric illnesses has closely mirrored issues with the general unemployed population: increased substance abuse, physical complaints, psychiatric complaints, reduced self-esteem, loss of social network, and apathy (Warr 1987). Seventy percent of people with severe mental illness report they want to work, yet only 15% were working prior to the introduction of Supported Employment.

For patients interested in academic training, Supported Education was begun in the 1980s by Boston University. Much like Supported Employment, Supported Education involves helping persons meet their educational goals by assisting them with the academic process and with the general student experience. Education Specialists provide professional guidance, admissions assistance, and maintenance services once enrolled in school and services continue so long as they are needed.

Early outcomes of Supported Employment implementation in the VA appear favorable. Mentor sites have been established in each of the VA's 21 VISNs, and goals have been delineated to gauge outcomes. A fidelity scale has been implemented to evaluate each program's adherence to the Supported Employment model. The funding for implementation of this model in the VA has been approved for three years, and a second and third wave of funding resources is now available to set up Supported Employment at every facility that provides work restoration services.

For more information about Supported Employment, contact [michael.nichols2@va.gov](mailto:michael.nichols2@va.gov).

#### References

- Bond, G.R., Drake, R.E., Mueser, K. T., & Becker, D.R. (1997). An update on supported employment for people with severe mental illness. *Psychiatric Services*, 48, 335-346.
- Warr, P.B. (1987). *Work, unemployment, and mental health*. Oxford: Clarendon Press.



### **STAT!Ref**

Edward J. Poletti, MLS, AHIP, Chief, Learning Resources Service  
Central Arkansas Veterans Healthcare System, Little Rock

STAT!Ref® is an electronic medical database of over 30 full text resources that enables users to search several texts at the same time and is available on the VISN 16 Virtual Library web page. Healthcare professionals don't have time to waste, so STAT!Ref online offers the ability to access different types of resources from one site. Simply enter a search term and all the available resources will be searched leading to results relevant to you. Resources include AHFS Drug Information, DSM IV Manual, Current Diagnosis and Treatment books, Harrison's Principles of Internal Medicine, Brunner and Suddarth's Textbook of Medical Surgical Nursing, Treatments of Psychiatric Disorders, and many others.

For a half hour of continuing education credit, see This Month's Library Tip – Tips on Using STAT!Ref on the VISN 16 Virtual Library page at <http://vaww.v16.med.va.gov/sites/Library/default.aspx>



## Funding for MIRECC Pilot Research Awards



The South Central MIRECC announced funding for three Pilot Research Proposals in FY06, Cycle 2. The purpose of the Pilot Research grants is to obtain pilot data that will result in published manuscripts and position investigators to successfully gain extramural funding. After review of initial Letters of Intent by content experts, several applicants were invited to submit a full proposal. Upon further review, three awards were announced:

- **Julie Alvarez, PhD** (New Orleans), “*Attentional Processes in OEF/OIF Veterans with Combat Related Posttraumatic Stress Disorder (PTSD)*”
- **Joseph Baschnagel, MA** (Jackson), “*Trauma and Smoking Cue Reactivity in Individuals with Posttraumatic Stress Disorder (PTSD)*”
- **Louise Quijano, PhD, MSW** (Houston), “*Vida Tranquila: A Skills-Based Psychosocial Intervention for Older Hispanic Primary Care Patients with Generalized Anxiety Disorder*”

Congratulations to the three grant recipients!

The MIRECC would also like to thank the members of the review committee for their generous giving of time and constructive advice to applicants: Scott Coffey, PhD; Joe Constans, PhD; Pat Dubbert, PhD; Nancy Jo Dunn, PhD; Ellen Fischer, PhD; Tom Kosten, MD; Mark Kunik, MD, MPH; Grayson Norquist, MD; Fred Sautter, PhD; Michelle Sherman, PhD; Melinda Stanley, PhD; and Jennifer Vasterling, PhD.

For more information about the Pilot Research program, contact Lauren Marangell, MD, SC MIRECC Associate Director for Research, at [Laurenm@bcm.tmc.edu](mailto:Laurenm@bcm.tmc.edu)

## Meet the MIRECC Researchers: Dr. Joseph Constans

*Editor’s note: This series of short interviews with South Central MIRECC researchers is intended to introduce readers to these investigators and their research. We hope that this series will communicate the wide range of mental health research being conducted in VISN 16 and also cue other investigators about possible links to their own work.*

Interview with  
Joseph Constans, Ph.D.

Core Investigator and PTSD Team Leader, South Central MIRECC  
Associate Clinical Professor, Department of Psychiatry & Neurology, Tulane University and  
Tulane University Neuroscience Program

**Editor:** What is your area of research?

**Dr. Constans:** My primary research involves the study of posttraumatic stress disorder (PTSD) and, more specifically, understanding how certain cognitive biases may lead to the development and maintenance of PTSD. A basic assumption in this work is that, when exposed to trauma memories or external stimuli reminiscent of the trauma, individuals with PTSD will exhibit biases in attention, memory, and judgment that inhibit their ability to place the memory in the appropriate temporal context. This failure to place traumatic memory in proper context can have broad emotional and psychophysiological consequences. For

example, individuals with PTSD may have increased difficulty disengaging attention from trauma-related stimuli, and this bias in attention could lead to increased arousal and hypervigilance. Similarly, PTSD-related biases in appraisal of the trauma and the meaning of the trauma may further emotionalize mental representations of the traumatic event, thus, increasing the likelihood that these memories will intrude into consciousness.

Testing these kinds of hypotheses typically involves use of experimental methods whereby war veterans with and without PTSD complete tests of attention, memory, and judgment. In many ways, this strategy is similar to the neuropsychological approach in that performance-based assessments are used to measure the psychological constructs of interests. However, unlike traditional neuropsychological tasks, these cognitive paradigms typically include both emotional (i.e., trauma-relevant) and non-emotional stimuli. Inclusion of both emotional and non-emotional variables helps the experimenter distinguish possible biases in processing emotional stimuli from general deficits in cognitive ability.

A second, more recently developed area of interest, concerns the impact of natural disasters on mental health. Being a resident of New Orleans, the reasons for this research interest are probably obvious. Anyway, as an initial foray into disaster research, I am collaborating with Drs. Greer Sullivan and Jennifer Vasterling on a study investigating the impact of the storm on veterans who had mental health problems prior to the hurricane. This is an exciting opportunity as the project allows me to investigate the impact of this disaster and to gain experience with survey-based research methods.

**Editor:** *What active studies do you have going?*

**Dr. Constans:** I will soon be in my final year of a Merit Review project investigating the malleability of PTSD-related attentional biases. There is now a fairly large literature that reliably shows individuals with PTSD involuntarily attend to information that is related to their trauma. More recent efforts from our research group (Constans, Vasterling, Brailey) are now directed at investigating conditions that could lead to a modification of these forms of PTSD-related cognitive bias. As mentioned earlier, a basic assumption of this research is that cognitive bias helps maintain PTSD symptoms. Therefore, understanding the conditions that could promote the attenuation of these biases could have important clinical application.

Therefore, toward this goal, we are currently involved in a number of studies designed to look at conditions that promote elimination of PTSD-related bias. One of our first findings was that these cognitive biases cannot be eliminated by simply asking the participant to try harder or by offering financial incentives for trying harder. In other words, these biases do not appear to be under direct volitional control. Nevertheless, we have found that the cognitive biases can be suppressed during certain testing conditions. The importance of this finding is that we have demonstrated that cognitive biases are not fixed and can be eliminated in a short period of time.

With support from a MIRECC Pilot Award, we are now piloting procedures that we hope might have direct therapeutic benefits. In these studies, we plan to “train” participants during attentional and judgment tasks to exhibit responses that are similar to those observed in individuals without PTSD. The basic premise of this research is that repeated practice with these cognitive tasks might allow new, more emotionally beneficial behaviors to become automatic, thus, replacing the maladaptive attentional and interpretive biases.

Finally, we are about to begin a study of the impact of Hurricane Katrina on veterans with and without pre-storm mental disorders. Despite the recent proliferation of disaster studies that document the damaging effects of a disaster on the communities mental health, very little is known about how the disaster may uniquely impact individuals with prior mental illness. Therefore, to address this issue, we plan to administer a survey instrument to veterans who were diagnosed with a mental disorder prior Hurricane Katrina and contrast their responses to those from veterans who did not have pre-storm mental illness.

**Editor:** *What are the implications or potential benefits of your research?*

**Dr. Constans:** I hope that my research involving cognitive bias will ultimately lead to development of computer-based “training” interventions that could be used to augment traditional psychological therapies

for PTSD. Consider the use of cognitive therapy in the treatment of emotional disorders. Current procedures involve encouraging the patient to identify certain cognitive biases and then asking the patient to correct these biases as they occur online. Our research suggests that exclusive reliance on volitional processes (e.g., just trying harder) may lead to only a weak modification of PTSD-related cognitive bias. This finding suggests that traditional cognitive therapy approaches might benefit from inclusion of different procedures that provide specific training in attention and judgment processes. Toward this goal, we are now piloting computer-based “training” techniques that might allow the individual to acquire cognitive styles that are observed in individuals without emotional disorders. We hope that repeated practice with these procedures will allow the newly acquired cognitive style become automatic and non-effortful, thus, replacing the more pathological, pre-existing cognitive style. If these techniques prove efficacious, practice items could be included in software provided to the patient or accessed through the internet, leading to an entirely new approach to provision of psychological therapy.

**Editor:** *How did you get started in this area of research?*

**Dr. Constans:** I became interested in utilizing a cognitive-experimental approach to studying emotion and emotional disorders while in graduate school. However, my interest in PTSD did not begin until I worked with Dr. Edna Foa during my internship training, and it was this exposure to PTSD research during internship that led to my interest in a VA career.

**Editor:** *What person or experience had the most influence on your research career?*

**Dr. Constans:** The primary influence on my research career has been Andrew Mathews, who is an internationally known expert in the area of cognition and emotion. Andrew served as my mentor during graduate school, and he continues to advise me on my ongoing projects. From Andrew, I developed not only an enthusiasm for the study of emotion but also an understanding of the importance of having well developed research methods that allow for rigorous testing of hypotheses.

More recently, Jennifer Vasterling has served as mentor and advisor, as well as a collaborator and friend. Jennifer and I began working together because of our shared interest in understanding PTSD from a neurocognitive perspective. In my first attempt to obtain Merit Review support, I asked Jennifer to serve as mentor for the project. I entirely attribute my success in obtaining Merit Review support to her clever guidance in the grant writing process. Since that time, she has been directly involved in almost all of my endeavors, and I have benefited greatly from her careful and thoughtful approach to research.

**Editor:** *What advice would you give to junior investigators and to people who are new to research?*

**Dr. Constans:** I believe it is very important early in a research career to develop skills in a particular research method that will allow a junior investigator to be a valued member in a research team. Development of specific research skills allows the junior investigator to think more clearly about how hypotheses of interest can be tested. The skill set will also increase probability of being recruited into research collaborations, and through these team efforts, the junior investigator can learn more about the many nuances of conducting research in a medical setting.

**Editor:** *How can people get in touch with you if they have questions about your work?*

**Dr. Constans:** My two email addresses are [joseph.constans@va.gov](mailto:joseph.constans@va.gov) and [jconstan@tulane.edu](mailto:jconstan@tulane.edu).



## MIRECC Research Rounds

Due to the holiday, MIRECC Research Rounds are not scheduled this month. The next Research Rounds will be November 13. Watch the November newsletter for more information.

## MIRECC Personnel in the News

**Thomas R. Kosten, M.D.**, was recently appointed to serve on the Research Council of the American Psychiatric Association (APA). Members are appointed by the APA president and serve 3-5 year terms. Dr. Kosten represents the area of addictions on the Council, which addresses translating research into practice, as well as APA position issues. Dr. Kosten is a MIRECC Affiliate. He is also Professor of Psychiatry and Neuroscience at Baylor College of Medicine and Senior Advisor on Addictions, Chief of Staff Office, Michael E. DeBakey VA Medical Center, Houston, TX. Dr. Kosten is also Research Director for the Substance Abuse QUERI.



## Web-based Presentation on Anxiety Disorders

The **MIRECC *Bringing Science to Practice*** web-based conference for October is “Affective Reactivity in PTSD: A Proposed Study of the Effects of Daily Stress on Mood in OEF/OIF Veterans” by Amy Cuéllar, PhD. The presentation is scheduled for October 19, noon to 1:00 PM CT. Dr. Cuéllar is a second-year psychology fellow in the MIRECC Special Fellowship in Advanced Psychology at the Michael E. DeBakey VA Medical Center. She completed her internship at the James A. Haley VA Medical Center in Tampa, FL, and her graduate training at the University of Miami. Her research interests focus on emotion dysregulation in PTSD and mood disorders.

The PowerPoint slides for Dr. Cuéllar’s presentation can be downloaded from a VA-networked computer at <http://vaww.visn16.med.va.gov/mirecc.htm> beginning October 18. The live audioconference can be accessed October 19 at **1-800-767-1750, access code 45566#**. This presentation is accredited for 1.0 hour of discipline-specific continuing education by the VA Employee Education System. For additional information about this program, contact [Randy.burke@med.va.gov](mailto:Randy.burke@med.va.gov)

## VA Special Fellowship in Advanced Psychiatry and Psychology Seminar Series for October 2006 – November 2006

All seminars are hosted on the VA videoconferencing system. Fellows and other interested parties should find out where the videoconference will take place at their local sites.

**October 4:** *“Nobody knows the trouble I’ve seen.” Pitfalls of Mental Health Research Design*

Time: 12:00 – 2:00 pm CDT

Presenter: **Helena Kraemer, Ph.D.**, Professor of Statistics, Department of Psychiatry, Stanford University

**October 18:** *NIH Career Development Awards*

Time: 12:00 – 2:00 pm CDT

Presenter: **Enid Light, Ph.D.**, Associate Director for Research Training and Career Development, Adult Treatment and Preventive Intervention Research Branch of the NIMH

(Fellowship Seminar series continued)

**November 1: *The Role of Mentorship in Career Development***

Time: 12:00 – 2:00 pm CST

Presenter: **Ruth O'Hara, Ph.D.**, Director, Fellowship Hubsite; Assistant Professor, Department of Psychiatry, Stanford University

**November 15: *The Challenges of Risk Research in Mental Health***

Time: 12:00 – 2:00 pm CST

Presenter: **Helena Kraemer, Ph.D.**, Professor of Statistics, Department of Psychiatry, Stanford University



**October Conference Calls  
1-800-767-1750**

- 2—Education Core, 2:00 PM CT, access code 16821# - *two hour call!*
- 10—Directors Call, 3:30 PM CT, access code 19356#
- 18—Program Assistants, 2:00 PM CT, access code 43593#
- 24—Directors Call, 3:30 PM CT, access code 19356#
- 26—National MIRECC Recovery Interest Group, 1:00 PM CT, access code 22233#
- 27—PSR Group Call, noon CT, access code 85388#

The next issue of the *South Central MIRECC Communiqué* will be published November 6, 2006. Deadline for submission of items to the November newsletter is October 31. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Michael R. Kauth, Ph.D., at [Michael.Kauth@med.va.gov](mailto:Michael.Kauth@med.va.gov) or FAX to (504) 619-4086.

South Central MIRECC Internet site: [www.va.gov/scmirecc/](http://www.va.gov/scmirecc/)

SC MIRECC intranet site: [yaww.visn16.med.va.gov/mirecc.htm](http://yaww.visn16.med.va.gov/mirecc.htm)

National MIRECC Internet site: [www.mirecc.med.va.gov](http://www.mirecc.med.va.gov)